

EXHIBITS
A1 - A7



Notice and Acknowledgement of Pay Rate and Payday/Aviso y reconocimiento de la tarifa de pago y del día de pago
Under Section 195.1 of the New York State Labor Law/En virtud del Artículo 195.1 de la Ley de Trabajo del estado de Nueva York
Notice for Hourly Rate Employees/Aviso para los empleados con tarifas por hora

1. Employer Information/Información del empleador

Name/Nombre:

DUNES FOOD GROUP

Doing Business As (DBA) Name(s)/Nombre comercial:

CAFE DENICE

FEIN (optional)/FEIN (opcional):

Physical Address/Dirección física:

22 EAST 49TH ST
NY NY 10017

Mailing Address/Dirección postal:

15 WAVERLY PLACE
NY NY 10003

Phone/Teléfono:

2. Notice given/Aviso entregado:

☒ At hiring/En la contratación

☐ Before a change in pay rate(s), allowances claimed or payday/Antes del cambio en la tarifa de pago, asignaciones reclamadas o día de pago

3. Employee's rate of pay/Tarifa de pago del empleado:

\$ 13.00 per hour/por hora

4. Allowances taken/Asignaciones tomadas:

☒ None/Ninguna

☐ Tips/Propinas _____ per hour/por hora

☐ Meals/Comidas _____ per meal/por comida

☐ Lodging/Alojamiento _____

☐ Other/Otro _____

5. Regular payday/Día de pago regular: FRIDAY

6. Pay is/El pago es:

☒ Weekly/Semanal

☐ Bi-weekly/Bisemanal

☐ Other/Otro

7. Overtime Pay Rate/Tarifa de horas extras:

\$ 19.50 per hour/por hora (This must be at least 1½ times the worker's regular rate with few exceptions.)/(esto debe ser por lo menos 1½ veces la tarifa regular del trabajador, con algunas excepciones).

8. Employee Acknowledgement/Aceptación del empleado:

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated pay day on the date given below. I told my employer what my primary language is./En este día, he sido notificado sobre mi tarifa de pago, la tarifa de horas extras (si soy elegible), las asignaciones y el día de pago designado en la fecha que se presenta a continuación. Le informé a mi empleador cuál es mi idioma principal.

Check one/Seleccione una opción:

☐ I have been given this pay notice in English because it is my primary language./Se me proporcionó este aviso de pago en inglés porque ese es mi idioma principal.

☐ My primary language is/Mi idioma principal es _____ I have been given this pay notice in English only, because the Department of Labor does not yet offer a pay notice form in my primary language./Se me proporcionó este aviso de pago en inglés únicamente porque el Departamento de Trabajo aún no ofrece el formulario de aviso de pago en mi idioma principal.

Jesus Martinez
Print Employee Name/Nombre del empleado en letra de molde

Emplo. Signature/Firma del empleado

Date/Fecha

Preparer's Name and Title/Nombre y puesto del preparador

The employee must receive a signed copy of this form. The employer must keep the original for 6 years./El empleado debe recibir copia firmada de este formulario. El empleador debe conservar el original durante 6 años.

Please note: It is unlawful for an employee to be paid less than an employee of the opposite sex for equal work. Employers also may not prohibit employees from discussing wages with their co-workers./Tenga en cuenta lo siguiente: Es ilegal que a un empleado se le pague menos que a un empleado del sexo opuesto por el mismo trabajo. Los empleadores tampoco les pueden prohibir a los empleados que hablen de sus salarios con los compañeros de trabajo.

Time Card Report for Cafe Delice

Approvals:

Employee: JESUS MARTINEZ | Code: 1140 | Period: 4/23/2018 - 4/29/2018

Date	In	Out	Deducted Time	Category	Hours	Hrs/day	Non-OT	OT	Amount
Mon 4/23	-	-	-	-	-	-	-	-	-
Tue 4/24	-	-	-	-	-	-	-	-	-
Wed 4/25	7:00a	11:14a	-	-	4.23	↓	4.23	-	-
	11:43a	3:01p	-	-	3.30	7.53	3.30	-	-
Thu 4/26	7:05a	11:36a	-	-	4.52	↓	4.52	-	-
	12:05p	3:07p	-	-	3.03	7.55	3.03	-	-
Fri 4/27	7:01a	11:22a	-	-	4.35	↓	4.35	-	-
	11:52a	3:02p	-	-	3.17	7.52	3.17	-	-
Sat 4/28	7:03a	1:00p	-	-	5.95	↓	5.95	-	-
	1:32p	6:00p	-	-	4.47	10.42	4.47	-	-
Sun 4/29	8:00a	12:44p	-	-	4.73	↓	4.73	-	-
	1:15p	4:00p	-	-	2.75	7.48	2.25	0.50	-
Total hours clocked for week of 4/23 to 4/29: 40.50									
Totals					40.50	40.50	40.00	0.50	\$0.00
								HOURS	ADDL PAY
Total Regular hours:								40.00	\$0.00
Total Overtime hours:								0.50	
TOTALS:								40.50	\$0.00

Employee's Rate of Pay - 13.00

Employee's O.T. Rate of Pay - 19.50

Tip \$- _____

Weekly Gross Amount - 543

Meal Break- _____

Total Hours- 40.50

I certify the above informations are correct.

Employee Signature below.



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CASH \$ 530
 13
 543

Time Card Report for Cafe Delice

Approvals:

Employee: JESUS MARTINEZ | Code: 1140 | Period: 4/30/2018 - 5/6/2018

Date	In	Out	Deducted Time	Category	Hours	Hrs/day	Amount
Mon 4/30	7:05a	12:11p	-		5.10	↓	
	12:40p	3:01p	-		2.35	7.45	
Tue 5/1	7:01a	12:02p	-		5.02	↓	
	12:33p	3:04p	-		2.52	7.54	
Wed 5/2	7:00a	11:58a	-		4.93	↓	
	12:25p	3:00p	-		2.58	7.51	
Thu 5/3	7:07a	12:13p	-		5.10	↓	
	12:45p	3:10p	-		2.42	7.52	
Fri 5/4	7:02a	12:17p	-		5.25	↓	
	12:47p	3:05p	-		2.30	7.55	
Sat 5/5	-	-	-		-	-	
Sun 5/6	-	-	-		-	-	
Total hours clocked for week of 4/30 to 5/6: 37.57					37.57	37.57	\$0.00
Totals							
						HOURS	ADDE. PAY
						Total Regular hours	37.57 \$0.00
						TOTALS	37.57 \$0.00

Employee's Rate of Pay - 13.00

Employee's O.T. Rate of Pay - 19.50

Tip \$- 8

Weekly Gross Amount - 496

Meal Break- _____

Total Hours- 37.57

I certify that the above information is correct.

Employee Signature below.



CASH \$488
Tip \$ 8
496



Time Card Report for Cafe Delice

Approvals:

Employee: JESUS MARTINEZ | Code: 1140 | Period: 5/7/2018 - 5/13/2018

Date	In	Out	Deducted Time	Category	Hours	Hrs/day	Amount
Mon 5/7	7:00a	11:04a	-		4.07	↓	
	11:35a	3:02p	-		3.45	7.52	
Tue 5/8	7:02a	11:11a	-		4.15	↓	
	11:40a	3:01p	-		3.35	7.50	
Wed 5/9	7:00a	1:56p	-		6.93	↓	
	2:29p	3:28p	-		0.98	7.91	
Thu 5/10	7:01a	12:54p	-		5.88	↓	
	1:25p	3:02p	-		1.82	7.50	
Fri 5/11	7:00a	11:39a	-		4.65	↓	
	12:10p	3:00p	-		2.83	7.48	
Sat 5/12	-	-	-		-	-	
Sun 5/13	-	-	-		-	-	
Total hours clocked for week of 5/7 to 5/13: 37.91					37.91	37.91	\$0.00
Totals							
						HOURS	ADDL PAY
Total Regular hours						37.91	\$0.00
TOTALS						37.91	\$0.00

Employee's Rate of Pay - 13.00

Employee's O.T. Rate of Pay - 19.50

Tip \$- 8

Weekly Gross Amount - 501

Meal Break- _____

Total Hours- 37.91

I certify that the above information is correct.

Employee Signature below.

CASH \$ 493
TIP \$ 8
501



Time Card Report for Cafe Delice

Approval:

Employee: JESUS MARTINEZ | Code: 1140 | Period: 5/14/2018 - 5/20/2018

Date	Start	Stop	Rate	Hours	Amount
Mon 5/14	7:01a	11:55a	4.58	4.58	20.85
	12:05p	3:00p	2.92	2.92	13.00
Tue 5/15	7:07a	11:48a	4.68	4.68	20.85
	12:10p	3:03p	2.73	2.73	12.41
Wed 5/16	7:04a	11:10a	6.10	6.10	27.45
	12:32p	3:05p	2.58	2.58	11.45
Thu 5/17	7:11a	11:40a	4.48	4.48	19.95
	12:11p	3:09p	2.97	2.97	13.00
Fri 5/18	7:00a	11:22a	4.97	4.97	22.20
	11:53a	3:12p	3.30	3.30	14.57
Sat 5/19					
Sun 5/20					
Total hours clocked for week of 5/14 to 5/20: 37.51					
Totals			37.51	37.51	\$0.00
				Total Regular hours	37.51
				TOTALS	37.51

Employee's Rate of Pay - 13.00

Employee's O.T. Rate of Pay - 19.50

Tip \$ - _____

Weekly Gross Amount - 488

Meal Break - _____

Total Hours - 27.51

I certify that the above information is correct.

Employee Signature below.

A-5

Josias Martinez
40 hrs
- 317 1/2
Pd 488
x 1300
Worked

~~scribble~~

Time Card Report for Cafe Delice

Approvals:

Employee: JESUS MARTINEZ | Code: 1140 | Period: 5/21/2018 - 5/27/2018

Date	In	Out	Deducted Time	Category	Hours	Hrs/day	Amount
Mon 5/21	7:04a	11:39a	-		4.58	↓	
	12:10p	3:04p	-		2.90	7.48	
Tue 5/22	7:02a	11:12a	-		4.17	↓	
	11:43a	2:58p	-		3.25	7.42	
Wed 5/23	7:01a	11:40a	-		4.65	↓	
	12:10p	3:02p	-		2.87	7.52	
Thu 5/24	7:00a	11:21a	-		4.35	↓	
	11:52a	3:01p	-		3.15	7.50	
Fri 5/25	7:02a	11:34a	-		4.53	↓	
	12:05p	3:06p	-		3.02	7.55	
Sat 5/26	-	-	-	-	-	-	-
Sun 5/27	-	-	-	-	-	-	-
Total hours clocked for week of 5/21 to 5/27: 37.47					37.47	37.47	\$0.00
Totals					37.47	37.47	\$0.00
					HOURS		ADDITIONAL PAY
					Total Regular hours:		37.47 \$0.00
					TOTALS:		37.47 \$0.00

Employee's Rate of Pay - 13.00

Employee's O.T. Rate of Pay - 19.50

Tip \$- _____

Weekly Gross Amount - 487

Meal Break- _____

Total Hours- 37.47

I certify the above informations are correct.

Employee Signature below.

